## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS Gerard NICKNAME LAST	MI O SUFFIX	OFFICE USE ONLY  Date Received
	1-judsperh		) 18 (6) 18 )( W/ 18 )
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	city; state; zip code - Denton, TX 7 6205	BY: Con Los
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 543-9091	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Gerard  NICKNAME LAST	MI O SUFFIX	Receipt # Amount \$  Date Processed
	Hudspeth		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE X 76205
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 543 - 9091	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year 61 / 19 / 19	THROUGH 03	Day Year 25 / 19
11 ELECTION	Month Day Year Primary  5 / 4 / 2019  General	Runolf Diher Description  Special	
12 OFFICE	OFFICE HELD (if any)	Denton Citx  District 2	Courli'I
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	rerard	Hedspeth	15 Filer ID (Ethics Commission Filers)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Page		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN \$ 320 -
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9225
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 500 -
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,237
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 1,307.20
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public STATE OF TEXAS ID#876078-0 My Comin. Exp. May 23, 2020  Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said			
Son O Pin ROLA Pios Yorkney Public			Wary Suble
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission File			
	Gerard Hudspeth		
21	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,545	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,237	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11,6	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME GERARD / HUDSPEHL	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
e Employer (See instruc	tions)
Date  Full name of contributor  [] cut-of-state PAC ((D#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date  Full name of contributor  Oavid TVan Ham  Contributor address:  Contributor address:  Contributor address:  Contributor address:  Contributor address:  Argyle, TK 76226	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Gerard	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 250		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date  Full name of contributor  Seffenty Simon  Contributor address;  City: State; Zip Code  Jan Blanstreet, #3400 Pollos, 7% 75270	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)		
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED		

The Instruction Guide explains how to complete this form.  2 FILER NAME  4 Date 5 Full name of contributor	1 Total pages Schedule A13 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
4 Date	
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
3/13/19  Softwhife Contributor address; City; State; Zip Code 2/05 3 4 vonnuh tri, Ounfon, 12  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	300 —
- Employer (Geo manuom	ons)
Date  Full name of contributor  cut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date  Full name of contributor out-of-state PAC (10#:	Amount of contribution (\$)
Principal occupation / Job title (See instructions)  Employer (See Instructions)	ons)
Date  Full name of contributor    Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (Sea Instructions) Employer (See Instructions)	ns)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A14	
2 FILER NAME	Gerard Holspeth	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
2/7/19	Nicholas Woods 6 Contributor address; City; State; Zip Code 1024 E. Mchinney St. Dento. TX 7629	100 -	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (:D#:	Amount of contribution (\$)	
717	Dantel Mc Cornech  Contributor eddress: 1303 campbell Rd. Houston, TX 77056	1,500 -	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Douglus Lobson Contributor address; City; State: Zip Code 170 N. Aussin St. Denten, X 76401	300	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
2/4/19	Full name of contributor out-off-state PAC (IDE)  Peter McCleshey  Contributor address; City: State; Zip Code  301 Complisher Dave, Denton 72 762	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED	
	If contributor is out-of-state PAC, please see instruction guide for additi	onal reporting requirements.	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:5		
2 FILER NAME GOOD HUSSPOH	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	otions)		
Date Full name of contributor    OLT-01-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instruc	itions)		
Pat Smith  Contributor address; City; State; Zip Code  580 Plan Cover, Oak Point 174, 75068	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date  Full name of contributor  Carl Anderson  Contributor address;  City; State; Zio Code  114 Mustang Tr., Shady's none, The 76005	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Grand Hidspeth	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
3/1/9 formest beadle 6 Contributor address; City; State; Zip Code 6 Royal oally Circle, Deutoally 7620	200 -		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	itions)		
Date Full name of contributor cut-of-state PAC (ID#:)  21.1 Enc 5ch mit2	Amount of contribution (\$)		
2/26/19 Enc Schmitz  Sontributor address: Agylyte 767-e  City: State; Zip Code	500		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1/15/19 Churles Pankar  Contributor address: City; State; Zip Code 8325044 mout Drive, Denton 17 76205	400 -		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date Full name of contributor cur-of-state PAC (ID#:	Amount of contribution (\$)		
1/21/19 EV Prefye Mewland  Contributor address: City: State; Zip Code 8485 Divinch 17tas Ra. Deuton 74 76707	100		
Principal occupation / Job title (See Instructions)  Empicyer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7		
2 FILER NAME Grand Hedspeth	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date  Full name of contributor  Contributor address;  City: State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)		
Date  Full name of contributor  Contributor address;  City; State: Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date  Full name of contributor  Contributor address;  City; State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED		

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILEP NAME 3 Filer ID (Ethics Commission Filers) 2 FILERNAME Devand Hodspeff 5 Payee name Soms Club 7 Payee address; City; State; Zip Code 25 W Uninersity, Demon IX 96201 4 Date 6 Amount (\$) 500 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Eneat-expense Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event expense OF \_\_\_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name City; State; Zip Code 500 214 E. It is Denter 76201 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** \_\_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Frent Expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (b) Description (a) Category (See Ostegories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/CH Pavee came Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Payee name Date Payee address: Oity: State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH